

**APPLICATION FOR  
EMPLOYMENT  
TOWN OF BLACKSBURG**

Personnel Office  
Municipal Building  
300 South Main Street  
P.O. box 90003  
Blacksburg, Virginia 24062-9003

INSTRUCTIONS: Please fill out all sections of this application. Incomplete applications will not be considered. Your application will be used as part of the certification process and, therefore, should represent your best effort.

The Town of Blacksburg provides an equal employment opportunity to all Town employees and applicants for employment on the basis of individual merit and qualifications and without regard to race, age, color, religion, sex, national origin, political affiliation, or disability.



POSITION APPLIED FOR \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Give exact title)

Name \_\_\_\_\_  
Last First Middle Name

Address \_\_\_\_\_  
Street City State Zip Code

Phone H \_\_\_\_\_ W \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check age category: Under 21 \_\_\_\_\_ 21 or Over \_\_\_\_\_

Are you legally eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Upon hire applicants will be required to present documents proving identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.

On what date would you be available for work: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Have you ever worked for the Town of Blacksburg? Yes \_\_\_\_\_ No \_\_\_\_\_

Which department? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION: Indicated the highest grade you completed. ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Name and location of the last high school you attended \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, have you passed a G.E.D. test? Yes \_\_\_\_\_ No \_\_\_\_\_

	School Name and Location	From	To	Date Graduated	Degree/Certificate	Major Area of Study
College or University						
Other Education						

Special Qualifications and Skills: (keyboarding, computer skills, professional licenses and certificates, kinds of office or construction equipment you can operate, publications, scholastic honors, etc.)

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Are you able to fully perform the essential functions of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, Please explain.

NOTE: A disability will not bar a qualified applicant from employment if the applicant is able to perform the essential functions of the job with or without reasonable accommodation.

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Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations. Include conviction by general court martial while in the military service. Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, give date, place, charge, court, and fine or sentence.

NOTE: A conviction does not automatically mean that you cannot be employed. The nature and date of the conviction are important. Give all of the facts so that a decision can be made.

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EXPERIENCE: Start with your present job and work back. Include military service, part-time and temporary employment, and relevant volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include all requested information.

Present	Dates:		
Employer _____	From _____	To _____	
	Phone _____	Avg. Hrs. _____	
Address _____	Number _____	per Week _____	
	Salary: _____		
Job Title _____	Starting _____	Present _____	
Supervisor's Name and Title _____	Reason for Leaving _____		
Describe your Work _____			

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☐ Check here and explain if you do NOT want this employer contacted for a reference. \_\_\_\_\_

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Account for Time Between Jobs (if any) \_\_\_\_\_

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Employer \_\_\_\_\_ Dates:  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Avg. Hrs.  
Number \_\_\_\_\_ per Week \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary:  
Starting \_\_\_\_\_ Present \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Describe your Work \_\_\_\_\_

☐ Check here and explain if you do NOT want this employer contacted for a reference. \_\_\_\_\_

Account for Time Between Jobs (if any) \_\_\_\_\_

Present  
Employer \_\_\_\_\_ Dates:  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Avg. Hrs.  
Number \_\_\_\_\_ per Week \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary:  
Starting \_\_\_\_\_ Present \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Describe your Work \_\_\_\_\_

☐ Check here and explain if you do NOT want this employer contacted for a reference. \_\_\_\_\_

Account for Time Between Jobs (if any) \_\_\_\_\_

PERSONAL REFERENCES (Do not include relatives or former employers.)

Name and Occupation	Address	Phone
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

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USE THIS SPACE FOR ADDITIONAL OR EXPLANATORY INFORMATION

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May we conduct a background check of your qualifications, character, record of employment, and, if applicable, your driving record?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain. \_\_\_\_\_

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ATTENTION: This statement must be signed.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me, or for dismissing me after I have begun work.

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Signature

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Date

**Authorization Form for Driving Record Checks**  
**With the Division of Motor Vehicles**  
**For the**  
**Town of Blacksburg**

I authorize the Town of Blacksburg to obtain a DMV printout of my driving record when requested by Town of Blacksburg personnel staff or my supervisor to be used solely for purposes of my obtaining employment with the Town, or voluntary membership in the Blacksburg Volunteer Fire Department or Blacksburg Rescue Squad, or to check with the Fire Department or Rescue Squad. This authorization will be valid for the entire length of my employment or membership, or for purposes of obtaining employment with the Town of Blacksburg where the position involves driving a Town-owned vehicle or my personal vehicle on Town business, and after my employment with the Town of Blacksburg.

**PLEASE PRINT**

Name: \_\_\_\_\_

Birthdate:    *Month* \_\_\_\_\_        *Day* \_\_\_\_\_        *Year* \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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APPLICANT DATA FORM. The information requested on the front and back of this form is needed to measure the effectiveness of the Town's Equal Employment Opportunity policy and to meet the reporting requirements of the related laws. **The information will be used for statistical purposes only.** This form will **not** remain with your application for employment.

JOB APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION

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SOCIAL SECURITY NO.

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LAST NAME

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FIRST NAME

--

MIDDLE INITIAL

--

STREET NUMBER AND STREET NAME

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APARTMENT NO.

--

CITY/TOWN

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STATE

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ZIP CODE

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HOME PHONE NO.

/	-
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BIRTH DATE

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SEX -

MALE ☐

FEMALE ☐

ETHNIC ORIGIN. Please check the *one* box which best describes your ethnic origin.

- ☐ White (not of Hispanic origin)
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander

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How did you learn about the job for which you are applying?

☐ Roanoke Times and World News

☐ The News Messenger

☐ Other Newspaper: (Name) \_\_\_\_\_

☐ Friend

☐ Job Line

☐ Current Town Employee

☐ Other: (Describe) \_\_\_\_\_

# TRANSIT BUS OPERATOR

**Blacksburg Transit**, named one of the top ten small transit systems in North America, has openings for Bus Operators. Blacksburg Transit began serving Virginia Tech and the surrounding community in 1983. The thriving system has grown to include a fleet of 45 fixed route buses and 11 vans, providing 1.8 million trips a year.

## **Blacksburg Transit Bus Operator:**

**Blacksburg Transit wages are very competitive with other part-time opportunities in our region. We offer many incentives and a flexible work schedule. The starting rate for a Bus Operator in training is \$7.00/hour. Upon completion of training, operators receive a \$.25 wage increase and a \$25.00 bonus.**

## **Application Process:**

To apply, complete a Town of Blacksburg employment application. In addition, if you hold an **out-of-state license**, you will be required to provide an up-to-date driving record from your state DMV with your application. Upon the review of your application, you will be contacted in regards to the position. **With the acceptance of this position, all drivers will be required to obtain a Virginia State license.**

## **Training:**

Prior to the first training session, a Commercial Drivers License (CDL) Learner's Permit must be obtained. Training will begin with three 4-hour sessions that include classroom work and driving lessons. During this time, trainees will complete eight "Behind the wheel" sessions. After successful completion of the "behind the wheel" portion, trainees will test for a Commercial Drivers License (CDL). This process will take a minimum of 30 days as required by Virginia State law.

Upon completion of training, operators are placed on a six weeks proficiency period. After successfully completing proficiency, operators receive an additional \$.25 raise and a second \$25.00 bonus. All operators are eligible for a performance increase, ranging from \$.05 to \$.20, at the end of Fall and Spring semester. The operators score on that semester's performance evaluation determines pay increases.

Applications are available at the Human Resources Office in the Municipal Building at 300 South Main Street, Blacksburg, VA 24060 or can be downloaded from [www.blacksburg.gov](http://www.blacksburg.gov). Individuals with disabilities requiring accommodation in the application process should call 540-961-1188 (voice) or VA Relay Center at 711(TDD).

**The Town of Blacksburg is an equal opportunity employer, and encourages applications from minorities, females and persons with disabilities.**



**As required by the Commercial Vehicle Safety Act of 1986 we are requested to obtain information on previous employment over the past 10 years for each applicant who applies for a position which involves driving a vehicle weighing over 26,000 pounds or a passenger bus. Please list below the employer, address, phone, and dates of employment for each job you have held which involved the operation of a commercial vehicle (i.e., vehicle with gross weight of 26,000 pounds and over or a passenger bus).**

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_



# SHIFT AVAILABILITY

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please indicate on this sheet the time slots you would be available and willing to work.  
You will not be obligated to work during all of the time slots you select.

Use the following indicators to show us your availability.

**N** - not available

**X**- available during this time

**P**- available part of this time (please specify what times)

**C**- times you are in class

**W**- working another job

Shift	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>A</b>  6:00A- 9:45A						<b>K</b> 7:30A- 10:45A	<b>P</b> 9:30A- 12:45P
<b>B</b>  9:45A- 12:45P						<b>L</b> 10:45A- 2:45P	<b>Q</b> 12:45P- 4:45P
<b>C</b>  12:45P- 3:45P						<b>M</b> 2:45P- 5:45P	<b>R</b> 4:45P- 7:45P
<b>D</b>  3:45P- 6:45P						<b>N</b> 5:45P- 9:45P	<b>S</b> 7:45P- 11:30P
<b>E</b>  6:45P- 9:45P						<b>O</b> 9:45P- 3:00A	
<b>F</b>  9:45P- 1:30A				9:45P- 3:00A	9:45P- 3:00A		

## PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

**I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.**

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Signature of Applicant

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Date

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Print Name

*(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed.)*